

Competency Assessment

Worker

Name: _____ Date: _____

Supervisor: _____ Location: _____

Supervisor
Initials

Part A: Qualification and Pre-Use Inspection

Worker possesses current applicable training qualification (Confirmed)

Worker conducted pre use inspection of: _____

Part B: Demonstration and Observation

	Competent	Requires coaching	Demonstration Description:	Supervisor Initials
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>		

Supervisor
Initials

Part C: Summary/Comments

Worker's performance was satisfactory.

Worker requires further training and observation.

Comments:

Worker Signature: _____

Supervisor Signature: _____